

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

APRIL 17, 2013

9:30 – 11:30 am

AGENDA

- | | | |
|-----|---------------------------|-------------------|
| I | Welcome and Introductions | Bertrand Levesque |
| II | Review of the Minutes | Bertrand Levesque |
| III | Agency QI/QA Process | Bertrand Levesque |

Quality Improvement

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|-----|---------------------------------|--------------------|
| I | Cultural Competency | Bertrand Levesque |
| II | Provider Directory | Bertrand Levesque |
| III | EQRO | Bertrand Levesque |
| IV | Re-Certification Process Review | Elizabeth Townsend |

Quality Assurance

- | | | |
|------|--------------------------------------|-------------------|
| I | Basic Documentation Training | Robin Washington |
| II | CALQIC/MAA | Bertrand Levesque |
| III | COS | Bertrand Levesque |
| IV | IBHIS Practitioner Enrollment/NPPES | Bertrand Levesque |
| V | Medical Records-Subpeona, Photocopy, | Bertrand Levesque |
| VI | LPCC – Providers, Procedure Code | Bertrand Levesque |
| VII | Single Fixed Point of Responsibility | Bertrand Levesque |
| VIII | Change to State Contract | Bertrand Levesque |

Other Issues

- | | | |
|------|------------------------------------|-------------------|
| I | Senate Bill 1407 | Bertrand Levesque |
| II | Audit | Bertrand Levesque |
| III | COD – Child Forms | Bertrand Levesque |
| IV | Nursing DSM Training and Policy-DO | Bertrand Levesque |
| V | Day Treatment workgroup | Bertrand Levesque |
| VI | PEI Claiming Guide Update | Bertrand Levesque |
| VII | Clinical Documentation Policy | Bertrand Levesque |
| VIII | Announcement | Members |
| IX | Sign-In Sheet Reminder | Bertrand Levesque |
| X | Adjournment | Bertrand Levesque |

**Next Meeting: March 20, 2013 @Enki, 3208 Rosemead Blvd,
2nd Floor, El Monte, Ca. 91731**

PLEASE PARK AT THE LOWER LEVEL – PARKING LOT

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Misty Aronoff	ALMA	Beth Foster	Hillsides
Gloria Santos	Almansor MH	Saul Zepeda	Hathaway-Sycamores
Alice Chin	Arcadia MH	Stella Tam	Heritage Clinic
Fernando Reyes	Bienvenidos	Ari Winata	Hillsides
Lucia Lopez-Plunkett	Bienvenidos	Lauren Strine	Homes for Life Found.
Mark Rodriguez	Bridges	Poonam Natha	Leroy Haynes Center
Leslie Shrager	Children's Bureau	Barbara Negron	Leroy Haynes Center
Hanh Truong	Crittenton	Marsha Bodine	Maryvale
Paula Randle	David & Margaret	Karla Martinez	Maryvale
Bertrand Levesque	DMH	Maelisa Hall	Pacific Clinics
Greg Tchakmakjian	DMH	Claudia Williams	Prototypes I-Can
Mary Crosby	DMH	Judy Law	PUSD
Robin Washington	DMH	Rebecca deKeyser	San Gab. Child.Ctr
Elizabeth Townsend	DMH	Stephanie Sullivan	Social Model Recovery
Nancy Uberto	D'Veal	Rose Kosyan	SPIRITT
Michelle Hernandez	ENKI	Nely M.	SPIRITT
Windy Luna-Perez	Etti Lee Homes	Stephanie Schneider	The Family Center
Karen Sammon	Five Acres	Elizabeth Owens	Tri-City MH
Gassia Ekizian	Foothill Family	Luis Garcia	Tri-City MH
		Rocio Bedoy	Tri-City MH

WELCOME

Bertrand Levesque welcomed the group followed by self-introductions.

REVIEW OF THE MINUTES

The minutes were reviewed and accepted with one correction. The name of Robin Washington was corrected from Brenda Washington. The minutes were accepted by Robin Washington and seconded by Claudia Williams.

QIC SECRETARY

The QIC Secretary position is available. If you are interested, contact Bertrand.

AGENCY QI/QA PROCESS

ALMA - Misty Aronoff

Chart Reviews:

- ❖ New staff chart reviews in 90 days • reviews are completed before annuals • two reviews within a year.

Charts reviewed every 3 months:

- ❖ All charts • CalWorks • FSP • High Utilizers

Quality Assurance Department:

- ❖ Most charts are reviewed by QA department

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- ❖ Instructs supervisors to pull and review
- ❖ Psychiatrists hand write notes and they are scanned into the EHR
 - Side Effect check boxes are check marked
 - Change of Diagnosis form is completed by psychiatrists and forwarded to therapist
- ❖ QIC meeting information is provided to managers and supervisors via emails
- ❖ Managers and supervisors disseminate information to staff
- ❖ Compliance information regarding charting and documentation is given to managers for staff performance evaluations

Electronic Health Record (EHR)

- ❖ Notifies staff when annuals are due • random reports are pulled

ENKI – Michelle Hernandez

Chart Reviews: 90 days • Annual • special requests from supervisors

ENKI is not 100% electronic

Quality Assurance Department:

- ❖ Team of 6 staff
- ❖ CalWorks • MAT • COS all reviewed at 100%
- ❖ Clinician review assessments and make sure diagnosis is supported
- ❖ MHRS staff review rehab services and special programs
- ❖ Face Sheets are used as a resource to identify what is due
- ❖ Deficiency notices are sent to staff as part of their performance evaluation
- ❖ Position messages for staff compliance are sent to staff
- ❖ Bulletins from QIC meetings are sent Directors team
- ❖ Monthly meeting with Directors to discuss QIC meeting information and Bulletins
- ❖ For new hires, the Training Department is included in emails for training

Psychiatric Records:

- ❖ Reviewed alphabetically from all clients in staggered process
- ❖ Ensure diagnosis is correct • match diagnosis with prescription
- ❖ Ensure Consent for Medication
- ❖ Check if lab work has been ordered manually
- ❖ Psychiatrists hand write notes and they are scanned into the EHR

Productivity:

- ❖ Is managed by reviewing reports

Staff Incentives:

- ❖ Once a month money is given or Dodgers tickets
- ❖ Bonuses are given annually and is based on productivity

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AUDITOR CONTROLLER AUDIT

Foothill Family Services – Gassia Ekizian

Process:

- 20 charts – detailed clinical audit – two weeks
- Starts 7:30am – 4:30pm
- Reviewing charts pre 2009 to current
- First audit in EHR
 - Foothill provided a manual for navigating the system
 - Auditor has been flexible with EHR
 - IT Staff should be available during audit
- Pulling August and September 2012 – reading progress notes from all services
- Reviewing High Utilizers (FSP , WRAP Around and TBS involvement)
- Auditor provided name of clients 1 day prior to audit starting
- Annual Assessments are closely monitored
- Auditor returns after the final report is done to provide a training tailored to agency needs.
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Preliminary Findings:

- Psychiatrists should not list multiple diagnosis
- Issue with some of the language: mood swings • irritable • anxiety • withdrawal – These words do not tell the reader how symptoms are manifesting for the client.
- Even positive and strength based Annual Assessments should justify a client's services for the following one year.

QUALITY IMPROVMENT – Bertrand Levesque

Cultural Competency

Meetings are 2nd Wednesday of each month

Next meeting May 8, 2013, 1:30 – 3:30

550 S. Vermont Avenue, 6th Floor

Contact: Sandra Chang-Ptasinski

(213) 251-6815

SChang@dmh.lacounty.gov

QIC members Luis Garcia and Michelle Hernandez attended the meeting. Dennis Murata, MSW Deputy Director, Program Support Bureau attended meeting and noted the County has two main focuses: Health Reform and Integration. Discussions included: foreign born Africans seeking services • spirituality barriers when immigrating to the United States.

Change to State Contract

Healthy Families went to Medi-Cal, please let Bertrand know if any challenges.

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Service Area Directory

More subcategories will be added to provide more information. Each agency is encouraged to identify specialty services. An email will be sent out with further instructions.

EQRO Audit (External Quality Review Organization)

Date: April 29 – 30, 2013. This audit involves specific information for review, e.g., Patient's Rights and QIC minutes.

Re-Certification Process Review – Elizabeth Townsend

Refer to *Contract Provider Medi-Cal RE/CERTIFICATION* handout provided for specifics.

QUALITY ASSURANCE – Bertrand Levesque

CALQIC/MAA (QIC meetings for the Counties)

New and revised law includes health care directive regarding elder abuse. More information on this topic will be provided at the May QIC meeting.

COS

Medical Administrative County and Community Outreach Service (COS) staff should attend the training for COS. Several counties participated in revising the form.

Basic Documentation – Robin Washington

4/26/13 • 5/26/13

6/11/13 – Employment & Education Documentation

IBHIS Practitioner Enrollment/NPPES

Every Program Head has received an invitation to enroll. Meeting was held on April 16th. Information in IBHIS must match with information with NPPES.

Medical Records – Subpoenas, Photocopy

It is recommended that each agency select one person to handle subpoenas and any photocopies requested. Each agency has a standard charge for photocopies.

LPCC – Providers, Procedure Code

For Contractors only: The QA division will adapt the codes to include LPCC. Each hired staff must meet training requirements to conduct couples therapy. DMH position remains unchanged.

Single Fixed Point of Responsibility

SFPR is a responsibility not a service; no duplication of services. When two agencies are providing services to the same client, each agency must provide the other agency with a copy of the Client Care Coordination Plan (CCCP). The agency with SFPR is not responsible for authorizing another agency's services, nor do they decide whether or not the other agency's treatment plan objectives are viable. For the SFPR, it is the coordination of services, not the

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authorization. More than one agency can provide different mental health services to one client. Agencies are encouraged to work together in collaboration with the client on deciding who will have SFPR responsibility.

Change of State Contract

There are changes happening in your contract, make sure you review and adhere. Day Treatment Programs - working groups are being put together for anybody that provides day treatment. You are encouraged to attend. Meetings will be April 22nd 1:00pm – 3:00pm at 695 Vermont, Rm 810. If you plan on attending, bring your own material.

OTHER ISSUES – Bertrand Levesque

Senate Bill 1407

The QA division met with county council and discussed the issue to release child record information or allow parents to inspect the record. The law references medical records - very basic summary information can be provided to the parent(s).

Co-Occurring Disorder (COD) form for children has been revised. There was a training that focused on part of the assessment: for children 11 and older and younger than 11 – clinicians decision. Risk Assessment must be administered by a licensed person. The supplement form can be administered by anyone.

Nursing DSM Training and Policy-DO

Registered Nurse (RN) training: May 15th • St. Anne's • only for Directly Operated Clinics. The focus of training will include assessment and diagnosis. Those individuals with Master's degree are not required to attend this training.

PEI Claiming Guide Update

This guide has been updated and code 99 has been removed because it was utilized too often and was not appropriate.

Adjournment

Bertrand thanks everyone for attending and adjourned the meeting at 11:30 a.m.

Minutes recorded by: Elizabeth Owens
Quality Improvement Committee

Minutes approved by: Bertrand Levesque, Gassia Ekizian,
Quality Improvement Committee

Next Meeting: The next meeting will be May 15, 2013 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.